

09/23/03 17414 U.S. PTO

Practitioner's Docket No. 210\_618

PATENT

NEW APPLICATION TRANSMITTAL

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 addressed to **Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450** on September 23, 2003 under "EXPRESS MAIL" mailing label number **EY 317007893US**.

Christine M. Holmes

00746 U.S. PTO  
10/668841  
09/23/03

Transmitted herewith for filing is the patent application of:

Inventor 1: Larry E. Wilson  
Address: 955 Quarry Road, Marion, ID 46952

Title: RESETTABLE FUSE WITH VISUAL INDICATOR

1. Papers enclosed

A. Required for filing date under 37 CFR 1.53(b) (Regular) are:

- 5 Page(s) of Specification
- 3 Page(s) of Claims
- 1 Page(s) of Abstract
- 1 Sheets of Formal Drawings (Fig. 1)

B. Other Papers Enclosed

- ☒ A combined Declaration and Power of Attorney
- ☒ An Assignment Transmittal and Assignment of the invention to Carrier Corporation

2. The filing fee has been calculated as shown below:

A.	Filing Fee	
	<input checked="" type="checkbox"/> Original Patent Application	\$ <u>750.00</u>
	<small>(37 C.F.R. 1.16(a) --\$750.00; Small Entity--\$375.00)</small>	
B.	Fees for Claims (15 Claims; 3 Indep.)	
	<input type="checkbox"/> each independent claim in excess of 3	\$ <u>.00</u>
	<small>(37 C.F.R. 1.16(b)--\$84.00; small entity--\$42.00)</small>	
	<input type="checkbox"/> each claim in excess of 20	\$ <u>.00</u>
	<small>(37 C.F.R. 1.16(c)--\$18.00; small entity--\$9.00)</small>	
	<input type="checkbox"/> multiple dependent claim(s)	\$ <u>.00</u>
	<small>(37 C.F.R. 1.16(d)--\$280.00; small entity--\$140.00)</small>	
C.	<input checked="" type="checkbox"/> Assignment Fee	\$ <u>40.00</u>
	<b>Total Fees Due</b>	<b>\$ 790.00</b>

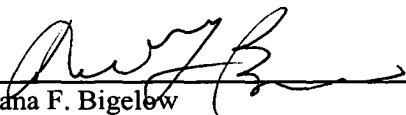
**3. Payment of Fees and Authorization to Charge Additional Fees  
or Credit Overpayment**

- ☒ A check in the amount of \$790.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0289.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

WALL MARJAMA & BILINSKI LLP

September 23, 2003  
Date

  
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